820 Premium Payment Order/Remittance Advice

ASC X12N 820 (004010X061A1)

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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Nebraska Medicaid Companion Guide
Version: 1.01

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being sent when data is transmitted electronically by Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

Introduction:

This Companion Guide contains the format and establishes the data contents of the **Premium Payment Order/Remittance Advice** (820) transaction for use within the context of an Electronic Data Interchange (EDI) environment. This transaction can be used to initiate a premium payment without the remittance detail, and send the remittance detail separately to the premium receiver (Nebraska Medicaid managed health care plan).

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Used by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always used by NE Medicaid will be accompanied by the following directive – "Used by NE Medicaid".
4. Situational segments used by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Used by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is used by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used will be included.
3. When a specific qualifier is not used by NE Medicaid, it will be indicated as not used.

Data Submission Criteria
Nebraska Medicaid uses the following separators:
*	(asterisk) for element separator	ASCII 042
^	(carrot) for sub-element separator	ASCII 094
	Carriage Return for Segment terminator	ASCII 013
|	(vertical bar) for repeat character	ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Changes in Version 1.01:

- Page 20 – Revision: Loop ID – 2100B – NM1 – Individual Name segment, the Nebraska Medicaid Directive for Element NM108 has been revised to indicate that "N" and a unique number assigned by the NE Medicaid agency will be used to identify the individual.

820   Premium Payment Order/Remittance Advice

Functional Group=RA

This companion guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded segment notes and Nebraska Medicaid Directives.

Transaction Summary:

If "NE Medicaid Usage" says:	Required	Always sent by NE Medicaid.
	Used	Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive.
	Not Used	Not used by NE Medicaid.

Not Defined:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
010	ST	820 Header	1		Required
020	BPR	Financial Information	1		Required
035	TRN	Reassociation Key	1		Required
040	CUR	Non-US Dollars Currency	1		Not Used
050	REF	Premium Receivers Identification Key	>1		Used
060	DTM	Process Date	1		Not Used
060	DTM	Delivery Date	1		Not Used
060	DTM	Coverage Period	1		Used
LOOP ID - 1000A				**1**	
070	N1	Premium Receiver's Name	1		Required
080	N2	Premium Receiver Additional Name	1		Not Used
090	N3	Premium Receiver's Address	1		Not Used
100	N4	Premium Receiver's City, State, Zip	1		Not Used
LOOP ID - 1000B				**1**	
070	N1	Premium Payer's Name	1		Required
080	N2	Premium Payer Additional Name	1		Not Used
090	N3	Premium Payer's Address	1		Not Used
100	N4	Premium Payer's City, State, Zip	1		Not Used
120	PER	Premium Payer's Administrative Contact	>1		Used

Detail:

Pos	ID	Segment Name	Max Use	Repeat	NE Medicaid Usage
LOOP ID - 2000A				**1**	
010	ENT	Organization Summary Remittance	1		Not Used
LOOP ID - 2300A				**>1**	

150	RMR	Organization Summary Remittance Detail	1		Not Used
LOOP ID - 2310A				**1**	
190	IT1	Summary Line Item	1		Not Used
LOOP ID - 2315A				**>1**	
204	SLN	Member Count	1		Not Used
LOOP ID - 2320A				**>1**	
210	ADX	Organization Summary Remittance Level Adjustment	1		Not Used
LOOP ID - 2000B				**>1**	
010	ENT	Individual Remittance	1		Used
LOOP ID - 2100B				**>1**	
020	NM1	Individual Name	1		Used
LOOP ID - 2300B				**>1**	
150	RMR	Individual Premium Remittance Detail	1		Used
180	DTM	Individual Coverage Period	1		Used
LOOP ID - 2320B				**>1**	
210	ADX	Individual Premium Adjustment	1		Not Used

Summary:

Pos	**ID**	**Segment Name**	**Max Use**	**Repeat**	**NE Medicaid Usage**
010	SE	820 Trailer	1		Required

Not Defined:

Pos	**ID**	**Segment Name**	**Max Use**	**Repeat**	**NE Medicaid Usage**
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA   Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA01	I01	**Authorization Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Authorization Information

Code	Name
00	No Authorization Information Present (No Meaningful Information in I02)
03	Additional Data Identification

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA02	I02	**Authorization Information**	M	AN	10/10	Required

Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA03	I03	**Security Information Qualifier**	M	ID	2/2	Required

Description: Code to identify the type of information in the Security Information

Code	Name
00	No Security Information Present (No Meaningful Information in I04)
01	Password

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA04	I04	**Security Information**	M	AN	10/10	Required

Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA05	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

Nebraska Medicaid Directive: *NE Medicaid will use "ZZ".*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA06	I06	**Interchange Sender ID**	M	AN	15/15	Required

Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

Nebraska Medicaid Directive: *NE Medicaid will use "MMISNEBR".*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ISA07	I05	**Interchange ID Qualifier**	M	ID	2/2	Required

Description: Qualifier to designate the system/method of code structure used to designate

the sender or receiver ID element being qualified

Nebraska Medicaid Directive: *NE Medicaid will use code identified on Trading Partner Profile.*

Code	Name
01	Duns (Dun & Bradstreet)
14	Duns Plus Suffix
20	Health Industry Number (HIN)
27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)
28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)
29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)
30	U.S. Federal Tax Identification Number
33	National Association of Insurance Commissioners Company Code (NAIC)
ZZ	Mutually Defined

ISA08	I07	**Interchange Receiver ID**	M	AN	15/15	Required

Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them

ISA09	I08	**Interchange Date**	M	DT	6/6	Required

Description: Date of the interchange

ISA10	I09	**Interchange Time**	M	TM	4/4	Required

Description: Time of the interchange

ISA11	I10	**Interchange Control Standards Identifier**	M	ID	1/1	Required

Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer

All valid standard codes are used.

ISA12	I11	**Interchange Control Version Number**	M	ID	5/5	Required

Description: Code specifying the version number of the interchange control segments

Code	Name
00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997

ISA13	I12	**Interchange Control Number**	M	N0	9/9	Required

Description: A control number assigned by the interchange sender

ISA14	I13	**Acknowledgment Requested**	M	ID	1/1	Required

Description: Code sent by the sender to request an interchange acknowledgment (TA1)

All valid standard codes are used.

ISA15	I14	**Usage Indicator**	M	ID	1/1	Required

Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information

Code	Name
P	Production Data
T	Test Data

ISA16	I15	**Component Element Separator**	M		1/1	Required

Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

GS — Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS01	479	**Functional Identifier Code**	M	ID	2/2	Required

Description: Code identifying a group of application related transaction sets

Code	Name
RA	Payment Order/Remittance Advice (820)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS02	142	**Application Sender's Code**	M	AN	2/15	Required

Description: Code identifying party sending transmission; codes agreed to by trading partners

Nebraska Medicaid Directive: *Use "MMISNEBR".*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS03	124	**Application Receiver's Code**	M	AN	2/15	Required

Description: Code identifying party receiving transmission; codes agreed to by trading partners

Nebraska Medicaid Directive: *NE Medicaid will use code identified in Trading Partner Profile.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS04	373	**Date**	M	DT	8/8	Required

Description: Date expressed as CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS05	337	**Time**	M	TM	4/8	Required

Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS06	28	**Group Control Number**	M	N0	1/9	Required

Description: Assigned number originated and maintained by the sender

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS07	455	**Responsible Agency Code**	M	ID	1/2	Required

Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480

Code	Name
X	Accredited Standards Committee X12

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GS08	480	**Version / Release / Industry Identifier Code**	M	AN	1/12	Required

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed

Code	Name
004010X061A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997.

ST   820 Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ST01	143	**Transaction Set Identifier Code**	M	ID	3/3	Required
		Description: Code uniquely identifying a Transaction Set				

Code	Name
820	Payment Order/Remittance Advice

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ST02	329	**Transaction Set Control Number**	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				

BPR   Financial Information

Loop: N/A

Elements: 16

User Option (Usage): Required

To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR01	305	**Transaction Handling Code**	M	ID	1/2	Required
		Description: Code designating the action to be taken by all parties				
		Nebraska Medicaid Directive: *NE Medicaid will use "I".*				

Code	Name
I	Remittance Information Only

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR02	782	**Monetary Amount**	M	R	1/18	Required
		Description: Monetary amount				
		Health Care Industry: *Total Premium Payment Amount*				
BPR03	478	**Credit/Debit Flag Code**	M	ID	1/1	Required
		Description: Code indicating whether amount is a credit or debit				
		Health Care Industry: *Credit or Debit Flag Code* **Nebraska Medicaid Directive:** *NE Medicaid will use "C".*				

Code	Name
C	Credit

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR04	591	**Payment Method Code**	M	ID	3/3	Required
		Description: Code identifying the method for the movement of payment instructions				
		Nebraska Medicaid Directive: *NE Medicaid will use "ACH".*				

Code	Name
ACH	Automated Clearing House (ACH)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR05	812	**Payment Format Code**	O	ID	1/10	Situational
		Description: Code identifying the payment format to be used				
		Nebraska Medicaid Directive: *NE Medicaid will use "CTX".*				

Code	Name
CTX	Corporate Trade Exchange (CTX) (ACH)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR06	506	**(DFI) ID Number Qualifier**	C	ID	2/2	Situational
		Description: Code identifying the type of identification number of Depository Financial Institution (DFI)				
		Health Care Industry: *Depository Financial Institution (DFI) Identification Number Qualifier*				

Code	Name
01	ABA Transit Routing Number Including Check Digits (9 digits)

Ref	ID	Element Name	Req	Type	Min/Max	Usage
BPR07	507	**(DFI) Identification Number**	C	AN	3/12	Situational
		Description: Depository Financial Institution (DFI) identification number				
		Health Care Industry: *Originating Depository Financial Institution (DFI) Identifier*				

ExternalCodeList
Name: 4
Description: ABA Routing Number
ExternalCodeList

Name: 91
Description: Canadian Financial Institution Branch and Institution Number

BPR08	569	**Account Number Qualifier** **Description:** Code indicating the type of account	O	ID	1/3	Situational

Code	Name
DA	Demand Deposit

BPR09	508	**Account Number** **Description:** Account number assigned **Health Care Industry:** *Sender Bank Account Number*	C	AN	1/35	Situational
BPR10	509	**Originating Company Identifier** **Description:** A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9 **Nebraska Medicaid Directive:** *This FTIN will be preceded by a '1'*	O	AN	10/10	Situational
BPR11	510	**Originating Company Supplemental Code** **Description:** A code defined between the originating company and the originating depository financial institution (ODFI) that uniquely identifies the company initiating the transfer instructions	O	AN	9/9	Situational
BPR12	506	**(DFI) ID Number Qualifier** **Description:** Code identifying the type of identification number of Depository Financial Institution (DFI) **Health Care Industry:** *Depository Financial Institution (DFI) Identification Number Qualifier*	C	ID	2/2	Situational

Code	Name
01	ABA Transit Routing Number Including Check Digits (9 digits)

BPR13	507	**(DFI) Identification Number** **Description:** Depository Financial Institution (DFI) identification number **Health Care Industry:** *Receiving Depository Financial Institution (DFI)* <u>ExternalCodeList</u> **Name:** 4 **Description:** ABA Routing Number	C	AN	3/12	Situational
BPR14	569	**Account Number Qualifier** **Description:** Code indicating the type of account	O	ID	1/3	Situational

Code	Name
DA	Demand Deposit
SG	Savings

BPR15	508	**Account Number** **Description:** Account number assigned **Health Care Industry:** *Receiver Bank Account Number*	C	AN	1/35	Situational
BPR16	373	**Date** **Description:** Date expressed as CCYYMMDD **Health Care Industry:** *Check Issue or EFT Effective Date*	O	DT	8/8	Required

TRN   **Reassociation Key**

Loop: N/A

Elements: 4

User Option (Usage): Required

To uniquely identify a transaction to an application

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
TRN01	481	**Trace Type Code**	M	ID	1/2	Required
		Description: Code identifying which transaction is being referenced				
		Nebraska Medicaid Directive: *NE Medicaid will use code "3".*				
		Code **Name**				
		3 Financial Reassociation Trace Number				
TRN02	127	**Reference Identification**	M	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Health Care Industry: *Check or EFT Trace Number*				
TRN03	509	**Originating Company Identifier**	O	AN	10/10	Situational
		Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9				
TRN04	127	**Reference Identification**	O	AN	1/30	Situational
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Health Care Industry: *Originating Company Supplemental Code*				

REF Premium Receivers Identification Key

Loop: N/A

Elements: 2

User Option (Usage): Situational

To specify identifying information

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF01	128	**Reference Identification Qualifier**	M	ID	2/3	Required
		Description: Code qualifying the Reference Identification				
		Nebraska Medicaid Directive: *NE Medicaid will use "14".*				

Code	Name
14	Master Account Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
REF02	127	**Reference Identification**	C	AN	1/30	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
		Health Care Industry: *Premium Receiver Reference Identifier*				
		Nebraska Medicaid Directive: *NE Medicaid will send the health plan's 11-digit Medicaid Provider ID Number.*				

DTM   Coverage Period

Loop: N/A

Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier**	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Health Care Industry: *Date Time Qualifier*

Code	Name
582	Report Period

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTM05	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required

Description: Code indicating the date format, time format, or date and time format

Code	Name
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTM06	1251	**Date Time Period**	C	AN	1/35	Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Health Care Industry: *Coverage Period*

N1   **Premium Receiver's Name**

Loop: 1000A

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				

Code	Name
PE	Payee

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational
		Description: Free-form name				
		Health Care Industry: *Information Receiver Last or Organization Name*				
N103	66	**Identification Code Qualifier**	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: *"FI" used by Nebraska*				

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Health Care Industry: *Receiver Identifier*				
		Nebraska Medicaid Directive: *Nebraska utilizes the "FI" Federal Taxpayer ID*				

N1   **Premium Payer's Name**

Loop: 1000B

Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N101	98	**Entity Identifier Code**	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location, property or an individual

Code	Name
PR	Payer

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N102	93	**Name**	C	AN	1/60	Situational

Description: Free-form name

Health Care Industry: *Premium Payer Name*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N103	66	**Identification Code Qualifier**	C	ID	1/2	Situational

Description: Code designating the system/method of code structure used for Identification Code (67)

Nebraska Medicaid Directive: *FI - Nebraska will utilize the Federal Taxpayer's ID Number*

Code	Name
FI	Federal Taxpayer's Identification Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
N104	67	**Identification Code**	C	AN	2/80	Situational

Description: Code identifying a party or other code

Health Care Industry: *Premium Payer Identifier*

PER Premium Payer's Administrative Contact

Loop: 1000B

Elements: 8

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER01	366	**Contact Function Code**	M	ID	2/2	Required

Description: Code identifying the major duty or responsibility of the person or group named

Code	Name
IC	Information Contact

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER02	93	**Name**	O	AN	1/60	Required

Description: Free-form name

Health Care Industry: *Premium Payer Contact Name*

Nebraska Medicaid Directive: *NE Medicaid EDI Help Desk*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER03	365	**Communication Number Qualifier**	C	ID	2/2	Situational

Description: Code identifying the type of communication number

Code	Name
TE	Telephone

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER04	364	**Communication Number**	C	AN	1/80	Situational

Description: Complete communications number including country or area code when applicable

Nebraska Medicaid Directive: *Toll-free 866-498-4357, Option 1.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER05	365	**Communication Number Qualifier**	C	ID	2/2	Situational

Description: Code identifying the type of communication number

Code	Name
TE	Telephone

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER06	364	**Communication Number**	C	AN	1/80	Situational

Description: Complete communications number including country or area code when applicable

Nebraska Medicaid Directive: *Local telephone number 471-9461.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER07	365	**Communication Number Qualifier**	C	ID	2/2	Not used

Description: Code identifying the type of communication number

Code	Name
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
TE	Telephone

Ref	ID	Element Name	Req	Type	Min/Max	Usage
PER08	364	**Communication Number**	C	AN	1/80	Not used

Description: Complete communications number including country or area code when applicable

ENT Individual Remittance

Loop: 2000B

Elements: 4

User Option (Usage): Situational

To designate the entities which are parties to a transaction and specify a reference meaningful to those entities

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ENT01	554	**Assigned Number**	O	N0	1/6	Required
		Description: Number assigned for differentiation within a transaction set				
ENT02	98	**Entity Identifier Code**	C	ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individual				

Code	Name
2J	Individual

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ENT03	66	**Identification Code Qualifier**	C	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: *NE Medicaid will use "34".*				

Code	Name
34	Social Security Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
ENT04	67	**Identification Code**	C	AN	2/80	Required
		Description: Code identifying a party or other code				
		Health Care Industry: *Receiver's Individual Identifier*				

NM1 Individual Name

Loop: 2100B

Elements: 9

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM101	98	**Entity Identifier Code** **Description:** Code identifying an organizational entity, a physical location, property or an individual **Nebraska Medicaid Directive:** *NE Medicaid will use "QE".*	M	ID	2/3	Required

Code	Name
QE	Policyholder

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM102	1065	**Entity Type Qualifier** **Description:** Code qualifying the type of entity	M	ID	1/1	Required

Code	Name
1	Person

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM103	1035	**Name Last or Organization Name** **Description:** Individual last name or organizational name **Health Care Industry:** *Individual Last Name*	O	AN	1/35	Situational
NM104	1036	**Name First** **Description:** Individual first name **Health Care Industry:** *Individual First Name*	O	AN	1/25	Situational
NM105	1037	**Name Middle** **Description:** Individual middle name or initial **Health Care Industry:** *Individual Middle Name*	O	AN	1/25	Situational
NM106	1038	**Name Prefix** **Description:** Prefix to individual name **Health Care Industry:** *Individual Name Prefix*	O	AN	1/10	Situational
NM107	1039	**Name Suffix** **Description:** Suffix to individual name **Health Care Industry:** *Individual Name Suffix*	O	AN	1/10	Situational
NM108	66	**Identification Code Qualifier** **Description:** Code designating the system/method of code structure used for Identification Code (67) **Nebraska Medicaid Directive:** *NE Medicaid will use "N" and a unique NE Medicaid assigned number.*	C	ID	1/2	Situational

Code	Name
N	Insured's Unique Identification Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
NM109	67	**Identification Code** **Description:** Code identifying a party or other code **Health Care Industry:** *Individual Identifier*	C	AN	2/80	Situational

RMR   Individual Premium Remittance Detail

Loop: 2300B

Elements: 5

User Option (Usage): Situational

To specify the accounts receivable open item(s) to be included in the cash application and to convey the appropriate detail

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
RMR01	128	**Reference Identification Qualifier**	C	ID	2/3	Required

Description: Code qualifying the Reference Identification

Nebraska Medicaid Directive: *NE Medicaid will use "AZ".*

Code	Name
AZ	Health Insurance Policy Number

Ref	ID	Element Name	Req	Type	Min/Max	Usage
RMR02	127	**Reference Identification**	C	AN	1/30	Required

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Health Care Industry: *Insurance Remittance Reference Number*

Nebraska Medicaid Directive: *NE Medicaid will use the 11-digit Medicaid recipient number of the client.*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
RMR03	482	**Payment Action Code**	O	ID	2/2	Not used

Description: Code specifying the accounts receivable open item(s), if any, to be included in the cash application.

Code	Name
PI	Pay Item
PP	Partial Payment

Ref	ID	Element Name	Req	Type	Min/Max	Usage
RMR04	782	**Monetary Amount**	O	R	1/18	Required

Description: Monetary amount

Health Care Industry: *Detail Premium Payment Amount*

Ref	ID	Element Name	Req	Type	Min/Max	Usage
RMR05	782	**Monetary Amount**	O	R	1/18	Not used

Description: Monetary amount

Health Care Industry: *Billed Premium Amount*

DTM   Individual Coverage Period

Loop: 2300B

Elements: 3

User Option (Usage): Situational

To specify pertinent dates and times

Nebraska Medicaid Directive:
Used by NE Medicaid.

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
DTM01	374	**Date/Time Qualifier**	M	ID	3/3	Required
		Description: Code specifying type of date or time, or both date and time				
		Health Care Industry: Date Time Qualifier				
		Code **Name**				
		582 Report Period				
DTM05	1250	**Date Time Period Format Qualifier**	C	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				
		Code **Name**				
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
DTM06	1251	**Date Time Period**	C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Health Care Industry: Coverage Period				

SE   **820 Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
SE01	96	**Number of Included Segments** **Description:** Total number of segments included in a transaction set including ST and SE segments **Health Care Industry:** *Transaction Segment Count*	M	N0	1/10	Required
SE02	329	**Transaction Set Control Number** **Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M	AN	4/9	Required

GE   Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
GE01	97	**Number of Transaction Sets Included** **Description:** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	**Group Control Number** **Description:** Assigned number originated and maintained by the sender	M	N0	1/9	Required

IEA **Interchange Control Trailer**

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

Ref	ID	Element Name	Req	Type	Min/Max	Usage
IEA01	I16	**Number of Included Functional Groups** **Description:** A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	**Interchange Control Number** **Description:** A control number assigned by the interchange sender	M	N0	9/9	Required